

Overview

The mission of the Substance Abuse and Mental Health Services Administration (SAMHSA) is to build resilience and facilitate recovery for people with or at risk for substance use and/or mental disorders. In 2001, SAMHSA created a matrix management system that outlines and guides the agency's activities in pursuit of this mission. The matrix includes 11 program priority areas, one of which addresses the unique needs of persons with HIV/AIDS and Hepatitis and with or at risk for mental and/or substance use disorders. The matrix also includes a set of cross-cutting principles, including one recognizing the critical need for data for performance measurement and management. SAMHSA is in the process of developing and implementing a data strategy in order to measure the agency's success in meeting its mission. The National Outcome Measures (NOMs) is a key component of the data strategy. The NOMs have introduced a set of 10 measurable outcomes for three areas: mental health services, substance abuse treatment, and substance abuse prevention. As part of this effort, SAMHSA's activities and data have been reviewed to determine what outcomes could be measured for each NOMs domain.

The highlights contained here represent the best summary information about NOMs currently available from national-level SAMHSA data sets for the HIV/AIDS and Hepatitis program priority area. Since this is a preliminary overview, these national-level data are used to describe possible baselines or starting points from which to measure changes in the future. At this time baseline data on the HIV/AIDS and Hepatitis population are not available for any of the 10 NOMs domains. However, data from the Centers for Disease Control and Prevention (CDC) can be used for the Reduced Morbidity domain. Further work is under way to identify potential data sources for use as measures of outcomes for the remaining domains.

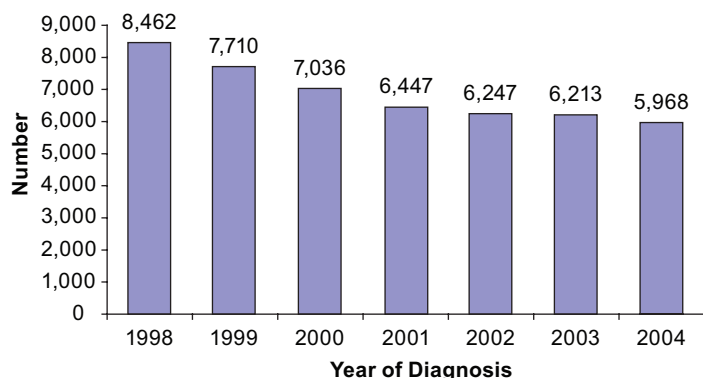
SAMHSA's Action Plan for the HIV/AIDS and Hepatitis program priority area is available at http://www.samhsa.gov/Matrix/SAP_HIV.aspx.

National Outcome Measures Overview

SAMHSA has developed these 10 NOMs domains in collaboration with the States. These domains are designed to embody meaningful, real life outcomes for people who are striving to attain and sustain recovery; build resilience; and live, work, learn, and participate fully in their communities. The development and application of NOMs is a key component of the SAMHSA initiative to set performance targets for State and Federally funded initiatives and programs for substance abuse prevention and mental health promotion, early intervention, and treatment services. The NOMs domains and their associated outcome measures are as follows:

- Reduced Morbidity (for substance abuse—abstinence from drug/alcohol use, including decreased use of substances of abuse, nonuser stability, increasing perceived risk, increasing disapproval, increasing age of first use; for mental health—decreased mental illness symptomatology)
- Employment/Education (getting and keeping a job; workplace drug and alcohol policy; alcohol, tobacco, and other drug school suspensions and expulsions; or enrolling and staying in school)
- Crime and Criminal Justice (decreased criminality, incarcerations, and alcohol-related car crashes and injuries)
- Stability in Housing (increased stability in housing)
- Social Connectedness (family communication about drug use, increasing social supports and social connectedness)
- Access/Capacity (increased access to services/increased service capacity)
- Retention (for substance abuse—increased retention in treatment, access to prevention messages, evidence-based programs/strategies; for mental health—reduced utilization of psychiatric inpatient beds)
- Perception of Care (or services)
- Cost Effectiveness
- Use of Evidence-Based Practices

Figure 1. Trends in Estimated Number of Diagnoses of AIDS in the United States Contracted through Injection Drug Use, by Year of Diagnosis: 1998-2004

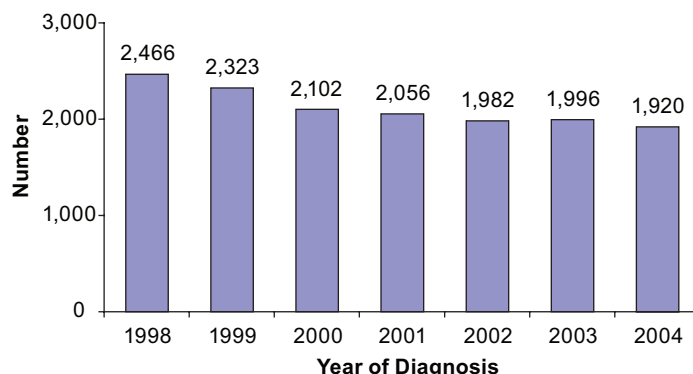


Source: CDC. (2003). *HIV/AIDS Surveillance Report, 2002*; (2004). *HIV/AIDS Surveillance Report, 2003*; and (2005). *HIV/AIDS Surveillance Report, 2004*.

SAMHSA recognizes that there are challenges in critically examining the NOMs in the HIV/AIDS and Hepatitis program priority area. A major challenge is the limited data on the HIV/AIDS and Hepatitis population available from current SAMHSA data efforts. Most of SAMHSA's national-level data sets—the National Survey on Drug Use and Health (NSDUH), the Treatment Episode Data Set (TEDS), the Uniform Reporting System (URS), and the Drug Abuse Warning Network (DAWN)—do not collect data specific to the HIV/AIDS and Hepatitis population. The National Survey of Substance Abuse Treatment Services (N-SSATS) collects some data on the HIV/AIDS and Hepatitis population, but not data that are directly related to the NOMs.

SAMHSA is striving to develop more in-depth and comprehensive data and to fine-tune strategies to effectively collect data on the HIV/AIDS and Hepatitis population. SAMHSA is also making continuous efforts to elaborate the definitions of the outcomes, for example, defining success for HIV/AIDS and Hepatitis in such domains as employment and criminal justice. As SAMHSA refines and implements the data strategy for performance measurement and management, NOMs data for HIV/AIDS and Hepatitis will be developed.

Figure 2. Trends in Estimated Number of Diagnoses of AIDS in the United States Contracted through Male-to-Male Sexual Contact and Injection Drug Use, by Year of Diagnosis: 1998-2004



Source: CDC. (2003). *HIV/AIDS Surveillance Report, 2002*; (2004). *HIV/AIDS Surveillance Report, 2003*; and (2005). *HIV/AIDS Surveillance Report, 2004*.

Substance Abuse Prevention NOMs for HIV/AIDS and Hepatitis

Within the substance abuse prevention area, NOMs for HIV/AIDS and Hepatitis are not available from SAMHSA's national-level data sets. CDC, however, collects information on exposure categories such as injection drug use (IDU) of persons diagnosed with HIV/AIDS, and those numbers are published in its annual *HIV/AIDS Surveillance Report*.^{1, 2, 3} These data may be useful as measures for perceived risk/harm of use or perception of disapproval/attitude in the Abstinence from Drug/Alcohol Use domain. Figure 1 shows a continuous decrease in the number of persons diagnosed with HIV/AIDS contracted through IDU only from 8,462 cases in 1998 to 5,968 cases in 2004. Figure 2 shows a continuous decrease in the number of persons diagnosed with HIV/AIDS contracted through male-to-male sexual contact (MSM) and IDU from 2,466 cases in 1998 to 1,920 cases in 2004, with the exception of a small rebound in 2003.

For the remaining NOMs prevention domains (Employment/Education, Crime and Criminal Justice, Access/Capacity, Retention, Social Connectedness, Cost Effectiveness, and Use of Evidence-Based Practices), information specific to the HIV/AIDS and Hepatitis population cannot be isolated from SAMHSA's national-level data sets and looked at independently from the broader population in the data currently available; thus, outcomes appropriate to the HIV/AIDS and Hepatitis population cannot be reported from SAMHSA's national-level data sets at this time.

Substance Abuse Treatment NOMs for HIV/AIDS and Hepatitis

For substance abuse treatment, national level data for the HIV/AIDS and Hepatitis population are not available for any NOMs domains. However, SAMHSA's N-SSATS⁴ collects some information related to HIV/AIDS that may be useful. In 2004, 94.7 percent of substance abuse treatment facilities accepted persons with HIV/AIDS. In addition, 10.9 percent of all facilities offered programs or groups for persons with HIV or AIDS. Among facilities with a primary focus on providing substance abuse treatment services, 12.5 percent of facilities offered such programs.

Mental Health Services NOMs for HIV/AIDS and Hepatitis

National-level mental health services data for the HIV/AIDS and Hepatitis population are not available for any NOMs domains as the data currently available does not allow information specific to the HIV/AIDS and Hepatitis population to be isolated from SAMHSA's national-level data sets and looked at independently from the broader population; thus, outcomes appropriate to the HIV/AIDS and Hepatitis population cannot be reported from SAMHSA's national-level data sets at this time.

References:

1. Centers for Disease Control and Prevention. (2003). HIV/AIDS surveillance report, 2002 (Vol. 14—Table 3). Retrieved January 17, 2006, from <http://www.cdc.gov/hiv/stats/hasr1402/2002SurveillanceReport.pdf>
2. Centers for Disease Control and Prevention. (2004). HIV/AIDS surveillance report, 2003 (Vol. 15—Table 3). Retrieved January 17, 2006, from <http://www.cdc.gov/hiv/topics/surveillance/resources/reports/2003report/pdf/2003SurveillanceReport.pdf>
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4. Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2005). National Survey of Substance Abuse Treatment Services (N-SSATS): 2004. Data on substance abuse treatment facilities (DASIS Series: S-28, DHHS Publication No. SMA 05-4112—Tables 4.8B, 4.9B). Rockville, MD. Retrieved January 17, 2006, from <http://www.dasis.samhsa.gov/04nssats/index.htm>